



Hazardous Waste Limited Permit Application Form

STATE OF NEW HAMPSHIRE'S HAZARDOUS WASTE RULES
Chapter Env-Wm 353.04
Limited Permit

N.H. Department of Environmental Services
Waste Management Division
Hazardous Waste Compliance Section
6 Hazen Drive, Concord, New Hampshire 03301
Phone #: (603) 271-2942; Fax #: (603) 271-0869




For Office Use Only	
Date Rec'd: _____	
↓ Fee Received ↔ ↔ ↔	<input type="checkbox"/> New Application (N)
	<input type="checkbox"/> Renewal (R)
	<input type="checkbox"/> Modification (M)
_____)	
Amount: \$	
Check: #	

SECTION I. - GENERAL INFORMATION

1. Facility's Name: _____
2. Facility's EPA Identification Number: _____
3. Facility's Location:
Street Address: _____
City/Town: _____ County: _____
State: _____ Zipcode: _____
4. Facility's Mailing Address:
Street Address: _____
City/Town: _____
State: _____ Zipcode: _____
5. Facility's Telephone Number: _____
6. Facility's Principal Contact Person:
Name: _____ Title: _____
Telephone Number(s): _____
7. Facility's Legal Owner:
Name: _____
Telephone Number: _____
8. Facility's Operator:
Name: _____ Title: _____
Telephone Number(s): _____
9. Please check one of the following:
☐ New Limited Permit Application
☐ Limited Permit Renewal
☐ Limited Permit Modification Date Original Limited Permit Issued: _____

SECTION II. - FACILITY INFORMATION

Complete all of the following information. For Items 1 through 7, write "YES", "NO", or "NOT APPLICABLE (N/A)" in the space provided. Items 8 through 20 are required for all facilities.

1. _____ Facility utilizes an Elementary Neutralization Unit. (Reference Chapter Env-Wm 110.01 for definition).
2. _____ Facility utilizes a Wastewater Treatment Unit. (Reference Chapter Env-Wm 110.01 for definition).
3. _____ Facility utilizes an Evaporation Type Unit which removes/reduces/treats wastewaters by an evaporation/heat/air stripping process.
4. _____ Facility discharges the treated wastewaters to a municipal wastewater treatment plant.
(If yes, provide Permit Number: _____
Expiration Date: _____ and **ATTACH A COPY**  of the municipality's discharge permit or discharge approval letter.)
5. _____ Facility discharges the treated wastewaters directly into surface waters.
(If yes, provide the NPDES permit number: _____
and **ATTACH A COPY**  of the NPDES permit).
6. _____ Facility has a Groundwater Permit from the NH Waste Management Division, Hazardous Waste Remediation Bureau, per the requirements of Env-Wm 1403.
(If yes, provide Permit Number: _____ ,
Expiration Date: _____ and **ATTACH A COPY**  of the groundwater permit.)
7. _____ For evaporation type units, provide a copy of a New Hampshire Air Resources Division permit or technical/analytical documentation to demonstrate that air emissions from the unit do not significantly impact ambient air quality.
8. Provide a general description of the facility's business nature (i.e., type of operation, products manufactured, etc.).

9. Provide a description of the process generating the wastewaters.

10. _____ Attach a copy of the process design drawings/plans or a flow diagram that indicates how wastewaters are being generated.

11. Provide a description of the elementary neutralization, wastewater treatment, or evaporation unit or process, including design capacity, equipment used and the physical/chemical treatment techniques. (If the unit is totally enclosed, as defined in Env-Wm 110.01, please specify and demonstrate with design data).

12. _____ Attach engineering design plans, process flow drawings, or manufacturer's technical specifications for the facility's neutralization, treatment or evaporation unit.

13. Provide the following information on the facility's neutralization, treatment, or evaporation unit.

		Amount Treated (specify pounds or gallons)		
Name or Description of Waste Treated	EPA or State Waste # (if applicable)	Per Day	Per Week	Per Month

14. List the hazardous waste constituents (organics, inorganics, metals) that are contained in the wastewater being treated, neutralized or evaporated (reference Chapter Env-Wm 400 Identification and Listing of Hazardous Wastes).

15. _____ Provide a copy of a typical analysis for a representative sample of wastewater being treated, neutralized or evaporated.

16. List the pH of the water solutions/baths being generated and treated.

_____	Before treatment/ neutralization
_____	After treatment/ neutralization
_____	Final discharge pH

17. Does the treatment/neutralization/evaporation unit generate a sludge/sediment?

☐ YES ☐ NO

If yes, is the sludge classified as a hazardous waste?

☐ YES ☐ NO

EPA or state waste number(s) (reference Env-Wm 400):

Amount of sludge generated: _____ per week _____ per month

Where is the sludge disposed?

18. Does the unit recycle any wastewaters? _____ If yes, provide the percentage of wastewater recycled and describe the recycling process.

19. Specify the facility's total wastewater discharge or evaporation volume (in gallons).

_____ Per Day _____ Per Month

SECTION III. - RESPONSIBILITIES OF THE FACILITY OWNER/ OPERATOR

In order to qualify for a Limited Permit, the owner/operator must comply with all applicable requirements of the State of New Hampshire's Hazardous Waste Rules, Env-Wm 100-1100, effective October 13, 2001. These include, but are not limited to, the Limited Permit requirements in Chapter Env-Wm 353.04.

Limited Permits expire five (5) years from the date of issuance. Limited Permit renewals are subject to the procedures as referenced in Chapter Env-Wm 353.04(r).

New applications are subject to a **\$500.00** fee, as referenced by Chapter Env-Wm 353.07(d).

Permit renewals or modifications are subject to a **\$250.00** fee as referenced by Chapter Env-Wm 353.07(e)(7).

Applications deemed incomplete may be charged an additional fee if state costs exceed the permit application fee in accordance with RSA 147-A:4,II.

This application form may be jointly reviewed by the New Hampshire Department of Environmental Services, Waste Management Division - Hazardous Waste Compliance Section, and the Water Division - Wastewater Engineering Bureau. A site inspection may be performed by the above Divisions prior to rendering a decision whether or not to grant a Limited Permit.

SECTION IV. - SIGNATORY REQUIREMENTS

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of all those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

I further understand that by issuing a Limited Permit, the State of New Hampshire incurs no liability and makes no guarantees with respect to the facility's treatment system, its wastewater or air emission discharges, or the compliance of such discharges with State or Federal Regulations.

Signature of the Operator

(Date)

Name of Operator (Please Print)

Title of Operator (Please Print)

Signature of the Owner

(Date)

Name of Owner (Please Print)

Title of Owner (Please Print)